

RG 1800717950

Plate No.

Register No.

R. G. KAR MEDICAL COLLEGE & HOSPITAL

Electro Therapeutic Department

Report / Treatment is required of

Name Johar Ali Gazi Age 60 Sex M

Address

Physician / Surgeon Ward OPD No. of Bed / Cabin

Paying / Non Paying

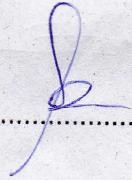
Brief history of case HTO - Fall from Height

Clinical Diagnosis

Particulars point to be Investigated MRI of Dorso-lumbar spine

Instruction

Date 11/10/18

Signature 

REPORT

-
- Notes :
- (1) This form should, except in urgent cases, be signed by the Visiting Staff.
 - (2) A note should, in all fracture cases, be made as to whether the splints may be removed.
 - (3) The time at which a Bismuch meal has been given should be noted.
 - (4) In the M. C. H. this form should be sent to the X-Ray Department at 8-30 a.m. for appointment of time.